

<b>Title:</b>	Blood and Body Fluid Exposure Protocol	
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	Infection Control Committee	06/17
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**SUMMARY OF ATTACHMENTS/LINKS:**

<b>Associated Policies/Procedures:</b>	HR-EH-10: Hepatitis B Vaccination for Healthcare Workers IC-14: First Responder Exposure to Communicable Diseases LB-IMM-06: Blood and Body Fluid Exposure Laboratory Specimen Processing and Accountability RM-PS-05: Critical Values
<b>Other Associated Document(s):</b>	None
<b>Associated Form(s):</b>	Attachment A: Acknowledgement of Communicable Disease Counseling (BHS 90325852) Attachment B: Blood and Body Fluid Exposure Record (BHS 90325850) Attachment C: CDC Management of Occupational Exposures (to HBV, HCV, and HIV) Attachment D: BBFE Lab Order (BHS 90325849)

**APPROVED BY:**

<b>Approval Body</b> (Position or Committee)	<b>Name</b>	<b>Authentication</b>	<b>Date</b>
Quality and Patient Safety Committee		Meeting Minutes & Digital Signatures	07/17
Medical Executive Board		Meeting Minutes	07/17

## I. PURPOSE

The purpose of this protocol is:

- A. To assist in the management of healthcare workers (HCWs)\* who have occupational exposure to blood and other body fluids that may contain a blood borne pathogen.
- B. To delineate steps to follow for the evaluation and treatment of HCWs who have been exposed to blood and/or other specified body fluids (BBFE).
- C. For exposures to First Responders – Emergency Medical Service employees, Firefighters, Peace Officers, please refer to policy # IC-14 – First Responder Exposure to Communicable Diseases.

## II. DEFINITION

- A. **Health Care Workers (HCW)** - Persons, including physicians, students/trainees and contract staff whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting.

## III. POLICY

### A. Background

1. In March 1988, BHS adopted the CDC guidelines for healthcare workers known as "Universal Precautions." Subsequently, these guidelines were revised and renamed "Standard Precautions".
2. These guidelines were implemented to minimize the risk of exposure to blood and body fluids from patients infected with blood borne pathogens (Human Immunodeficiency Virus [HIV], Hepatitis B [HBV], Hepatitis C [HCV], etc.) and other communicable diseases.
3. In June 1996 and May 1998, the CDC updated previous guidelines by recommending post exposure prophylaxis for exposures that are associated with the highest risk for HIV transmission. For exposures with lower, but non-negligible risk, antiviral therapy should be offered, balancing the lower risk against the use of drugs having uncertain efficacy and possible toxicity. Post exposure prophylaxis should be initiated as-soon-as possible after the exposure.
4. CDC's 1998 revision placed new emphasis on when PEP should not be administered, since the antiviral medications can cause possible adverse side effects. The decision to recommend prophylaxis must take into account the nature of the exposure and the amount of blood or body fluid involved.
5. In Nov. 2000, the Needlestick Safety and Prevention Act went into effect with the goal of eliminating or minimizing the risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. In conjunction with the Needlestick Safety Act, OSHA revised the Bloodborne Pathogen Standard (April 2001) requiring documentation of blood/body fluid exposures via the Sharps Injury Log, tracking/trending of

- the incidents via the log and evaluation/implementation of appropriate safety needle devices as deemed necessary based on the information collected.
6. In June 2001, CDC made revisions to the Recommendations for Management of Occupational Exposures to Bloodborne Pathogens by updating the Post Exposure Prophylaxis Recommendations.
  7. In September 2005, CDC published Updated Guidelines to Management of Occupational Exposures to HIV.

**B. Protocol**

When an exposure involving blood and/or certain body fluids occurs, BHS follows the guidelines of the Centers for Disease Control and Prevention (CDC), the Texas Health and Safety Code Chapter 81 Communicable Diseases, and the Occupational Safety and Health Act (OSHA) requirements for Blood/Body Fluid Exposure (BBFE) control.

**C. Exposure Criteria**

1. This protocol applies to parenteral, mucous membrane or broken skin exposure to blood, any body fluids containing visible blood, cerebral spinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, unfixed tissues, tears, amniotic fluid, semen, and vaginal secretions. Refer to CDC/OSHA for most recent recommendations.
2. This protocol does not apply to exposure to feces, nasal secretions, saliva, sputum, sweat, urine, or vomitus, unless these fluids contain visible blood. Human bites (person bitten and person who inflicted bite) are normally not considered a BBFE unless the bite breaks the skin of the person being bitten and the person's saliva inflicting the bite contains blood. The risk of being infected with HIV, HBV or HCV from these body fluids in a health-care setting is felt to be extremely low or nonexistent.
3. This protocol does not apply to needle punctures with sterile or non-blood/body fluid contaminated solutions (e.g., sterile IV needles).

**D. Post Exposure Procedure**

1. HCW sustains blood/body fluid exposure (BBFE). HCW provides immediate first aid to site (Wash hands/area exposed immediately. Flush site with water if splash exposure to eyes, mouth, or skin.)
2. HCW notifies charge person/supervisor and the designated BBFE Facilitator for the location is contacted. The BBFE Facilitator will be the Employee Health/Occupational Health Nurse if on duty and the House Officer if the EH/OH Nurse is not on duty. This is subject to change depending on the facility.
3. HCW submits a BHS Occurrence Report on the Baptist Health System intranet, notates Event#/Focus ID# and prints a copy of the report. The Employee will need to take this copy to the BBFE Facilitator when they go for evaluation/treatment if warranted.

4. The BBFE Facilitator interviews HCW to get more information and help determine if BBFE/patient source is significant risk for bloodborne pathogen transmission. (See Bloodborne Pathogens Risk Assessment criteria attached).
5. The BBFE Facilitator completes BBFE Lab Order (BHS 90325849 attached), faxes to lab and calls to confirm lab dept. received order. For confidentiality purposes, the lab for the source is ordered under the occurrence event # + SRC for patient source and the injured worker lab is ordered under the event #/Focus ID # + HCW for the exposed healthcare worker. If the event # is not available, use the date of event and last 4 numbers of the injured worker's social security #.

Example: Event #12345 –

Source lab ordered under = 12345SRC, HCW lab ordered under = 12345HCW

Example: No event #, occurrence date 08/08/08, SS# 123-45-6789

Source lab ordered under 0808086789SRC, HCW lab ordered under 0808086789HCW

6. The Lab's responsibility is to process the specimens STAT and the source patient HIV test must be processed STAT and results of the HIV test are to be communicated to BBFE Facilitator immediately after completion. If HIV results are positive/reactive, the exposed HCW will be referred to follow up with the Emergency Department (ED) MD on duty right away and the ED MD notified of results, Lab tests the patient source and HCW blood specimen according to the BHS Lab Orders and BBFE Laboratory Specimen Processing and Accountability Protocol Refer to Policy #LB-IMM-06. See #5 above for labeling instructions.

Consent for source blood testing post exposure is not required per the Texas Dept. of State Health Services Health and Safety Code TX Chapter 81 Communicable Diseases.

If source is less than 3 months of age, and/or cannot be tested, obtain a blood specimen from the source's mother as a substitute.

7. If known patient source and the Lab dept is unable to collect the source blood specimen, the Lab Order is also faxed to the patient source unit, the BBFE facilitator arranges for the source blood sample to be collected and the specimen delivered to the lab for testing ASAP.
8. The BBFE Facilitator reviews patient source medical record and documents the source information on the BBFE Record form (BHS 90325850 attached).
9. The BBFE Facilitator arranges for HCW BBFE lab specimen to be drawn in the lab or ED after hours. See #5 above for labeling instructions. Lab staff will deliver specimen to lab for testing. The exposed HCW should not transport the specimens to lab.

Per OSHA Bloodborne Pathogens Standard, if the HCW consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

If BBFE is considered low risk, HIV AG/AB Combo test is non-reactive/negative and/or exposed HCW does not want to be evaluated/treated for prophylactic anti-viral medication use, the BBFE Facilitator completes the following forms with the exposed HCW and provides copies for reference:

- a. BBFE Record Form (BHS-MR 90325850)
  - b. BBFE Acknowledgment of Communicable Disease Counseling (BHS 90325852)
  - c. Copy of the Occurrence Report
10. If patient source is known HIV positive, high risk for HIV and/or HIV AG/AB Combo test results are reactive/positive, the BBFE Facilitator sends exposed HCW to emergency ED for medical evaluation with the following forms:
- a. BBFE Record form,
  - b. BBFE Acknowledgment of Communicable Disease Counseling (BHS 90325852)
  - c. BBFE Lab Order form with the fax confirmation, and
  - d. Copy of Occurrence report
11. ED MD reviews BBFE info, BBFE Record form, risk assessment, source patient Rapid HIV test results and evaluates the exposed employee to determine risk level of exposure, treatment, meds, counseling and follow up referral, if appropriate, based on current CDC/OSHA guidelines/recommendations and/or other recognized experts in the field such as the Post-Exposure Prophylaxis Hotline (PEPline) at 888-448-4911. .
12. The HCW signs the *Acknowledgement of Communicable Disease Counseling form* (BHS 90325852) and is given the yellow copy of the form.
13. The HCW is instructed to contact their facility Employee Health Clinic for follow up within 24-48 hours.
14. If the Employee elects to take Post Exposure Prophylactic (PEP) anti-viral meds, ED staff will notify lab to add additional lab tests according to the BBFE lab protocol (See BBFE Lab Order Form attached). Employee Health will refer HCW to Infectious Disease MD physician for follow up. The HCW is given a handout from pharmacy about the PEP medication and may contact the BHS pharmacist available for more information about the prophylactic medications if needed/wanted. The HCW will be given the first 1-3 days of the PEP dosage along with a prescription. The dosage for the PEP will be kept in the ED so it can be given directly to the exposed HCW. The PEP medications to be maintained, ordered and dispensed by the BHS Pharmacy

will be determined by the Infection Control Com. Physician Chairs, in conjunction with current recommendations.

15. BBFE paperwork is faxed or scanned to Employee Health by ED staff.
16. Employee Health will contact HCW to discuss the accident, review lab results from employee, patient source, , document and provide a follow up lab schedule to the exposed person within a timely manner.
17. A BHS Pharmacist will be available to provide counseling as needed regarding the contraindications and possible side effects of HIV prophylaxis.
18. Laboratory will forward copies of all completed lab results to the Employee Health facility where the incident occurred upon completion.

#### **E. Diagnostic Tests**

1. Lab test requests will be dependent on the assessment of the HCW, the status of the source, current CDC Post BBFE recommendations and/or physician orders.
2. Employee Health will determine whether additional testing and/or follow-up testing is necessary per current Post BBFE CDC guidelines and/or physician orders.
3. Lab tests on HCW: [if the HCW consents to having blood tested] (Refer to attached Management of Occupational Exposures to HBV, HCV, and HIV and BBFE Lab Order Form)
  - a. HIV Antigen/Antibody Combo.
  - b. Hepatitis C Antibody.
  - c. Hepatitis B serological tests performed per schedule. [dependent on the serologic/vaccination status of HCW]
  - d. Liver Function Test (LFT)/Complete Blood Count (CBC) if HCW chooses to take HIV PEP.
  - e. ALT added if source is Hepatitis C positive.
4. Lab tests on Known Source Patient –
  - a. HIV Antigen/Antibody Combo
  - b. Hepatitis B Surface Antigen
  - c. Hepatitis C Antibody

#### **F. Follow-Up**

1. The Employee Health personnel will review the lab results within a timely manner and additional treatment as indicated will be arranged with the health care worker following the exposure.
2. Lab personnel will notify Employee Health and the Infection Control Practitioner, or an appropriate representative, of any positive lab results on the source and/or exposed individual (except for HBSAB) according to the RM-PS-05 Critical Values policy. If HCW HBSAB result is Negative/Nonimmune and the HCW has no history of positive HBSAB in the past, EH will offer the Hepatitis B Vaccine to the employee (See Policy # HR-EH-10).

3. The Infection Control Practitioner will notify the source patient's physician and the Health Dept. (if warranted) of any positive patient lab results (HIV, HBV, or HCV).
4. BBFE lab results are not to be placed on the patient's chart.
5. The Employee Health personnel will explain to the HCW all test results, give additional counseling as needed, and refer to an Infectious Disease (ID) physician if indicated. The HCW will be referred to an ID MD if the exposure is considered high risk and/or the HCW chooses to go on the PEP antiviral medications.
6. If HCW requests an ID consult, one will be given. Any HCW, who requests to remain on HIV prophylaxis or is felt to need continuing HIV prophylaxis based on source testing or circumstances of exposure will be referred to an ID physician.
7. The Employee Health Dept. coordinates the follow-up lab work to be completed as scheduled.

#### **G. Responsibilities**

1. The Employee Health Dept. retains confidential Employee Health files for the duration of employment + 30 years. All HCW medical records are to be kept confidential and are not disclosed or reported to any person within or outside the work place without the HCWs expressed written consent, unless required by law.
2. All department managers are responsible for insuring their department complies with this protocol in a timely manner.
3. The HCW, with the Department Manager's assistance, are responsible for ensuring that the HCW adheres to the follow-up schedule for lab testing. If the HCW does not want to participate in the BHS BBFE protocol they can give a written declination (form attached). The HCW must participate in the full BBFE protocol according to current CDC recommendations or decline. For example, the HCW cannot choose to have the prophylactic medication without completing the recommended lab tests.
4. BHS Employee Health and Infection Control are responsible for monitoring any changes in the CDC recommendations and revising the BHS BBFE protocol to abide by the changes as warranted, including any changes with the post exposure prophylactic (PEP) medications/guidelines.

#### **IV. ATTACHMENTS**

- Attachment A: Acknowledgement of Communicable Disease Counseling (BHS 90325852)
- Attachment B: Blood and Body Fluid Exposure Record (BHS 90325850)
- Attachment C: Management of Occupational Exposures (to HBV, HCV, and HIV)
- Attachment D: BBFE Lab Order (BHS 90325849)

## V. REFERENCES

- CDC. Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV) Recommended Testing and Follow-up, November 2016
- Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis Source: *Infection Control and Hospital Epidemiology*, Vol. 34, No. 9 (September 2013), pp. 875-892
- Public Health Service guidelines for the management of health-care worker exposures to HIV and recommendations for post exposure prophylaxis. *MMWR*. 1998; 47(N). RR-7): 1-33.
- Update: Provisional Public Health Service Recommendations for Chemoprophylaxis after Occupational Exposure to HIV. *MMWR*, June 7, 1996.
- CDC & NIOSH: Public Health Service guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Post exposure Prophylaxis. *MMWR*, May 7, 1998.
- CDC: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis, *MMWR*, June 2001.
- CDC: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis, *MMWR*, Sept. 2005
- OSHA. Bloodborne Pathogens Standard, *Federal Register*, April, 2001.
- OSHA. Needlestick Safety and Prevention Act, November, 2000.
- Texas Dept of State Health Services Health and Safety Code TX Chapter 81 Communicable Diseases
- New England Journal of Medicine, Postexposure Prophylaxis for HIV Infection, 361:18, October 29, 2009
- CDC February 2017 update Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)



ATTACHMENT A



BLOOD AND BODY FLUID EXPOSURES  
ACKNOWLEDGMENT OF COMMUNICABLE DISEASE COUNSELING

We encourage you to follow the established protocol; however, THE DECISION TO HAVE YOUR BLOOD TESTED AND TO RECEIVE ANTI-VIRAL MEDICATION IS YOURS.

I hereby acknowledge that I have received counseling by a designated health care professional regarding the risks of infection and the precautions to be taken due to an exposure to a patient's blood or body fluid. Counseling includes:

- 1. Refrain from donating plasma or blood, body tissue, milk or sperm for twelve (12) weeks;
- 2. Use of condoms during sexual intercourse and protection of partners from blood and body fluids exposure;
- 3. Avoid pregnancy until HIV status is known to be seronegative at least twelve (12) weeks after exposure;
- 4. Report to Employee Health any acute febrile illness that occurs within twelve (12) weeks after exposure, such as fever, rash or lymph node enlargement;
- 5. Consult my private physician if I feel it is necessary;

\*\* You and your supervisor are responsible for having your lab work drawn as scheduled.

Please answer the following:

- 1. I have been given information about the side-effects of the anti-viral therapy that is being recommended/offered:  YES  N/A
- 2. I WANT the antiviral medication that is being recommended/offered:  YES  NO  N/A
- 3. I consent to having my blood tested:  YES  NO
- 4. I want to participate in this Protocol:  YES  NO

I also acknowledge that I was given the opportunity to ask questions and that I understand the content and purpose of this counseling.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Worker (Print Name)

\_\_\_\_\_  
Physician/Health Care Professional

\_\_\_\_\_  
Health Care Worker Signature

\_\_\_\_\_  
Date

FOLLOW-UP:  
All health care workers are to call Employee Health Clinic at your facility within 24 to 48 hours after initial treatment.  
BMC: 297-7860, SLBH: 297-5860, MTBH: 297-3860, NCBH: 297-4860, NBH: 297-2860.

Should you terminate your employment with Baptist Health System and wish to continue your follow-up, please notify Employee Health at your facility.

## OCCUPATIONAL EXPOSURE TO BLOOD AND BODY FLUIDS HCW INFORMATION SHEET

Viruses that are found in blood and certain body fluids, such as the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), can cause infections to health care workers (HCWs). Exposure to these bloodborne viruses may occur when HCWs experience needlesticks, blood splash to the eyes or mouth, or when blood is spilled on broken, chapped, or cut skin. Any situation that allows blood or body fluid to get into the HCWs blood stream has the potential of causing an infection.

HIV is the virus that leads to AIDS. The risk of being infected with HIV from a needlestick exposure from someone who is HIV positive is about one in 300. It takes, on the average, 6 - 12 weeks before a person infected with HIV to test positive. Early symptoms of this infection are: fever, loss of appetite, weight loss, chronic fatigue, joint pain, and skin rash.

HBV attacks the liver. The hepatitis B virus is more common than HIV and is a greater risk to HCWs. Some people develop serious or fatal problems such as cirrhosis, liver cancer, or chronic liver disease from the HBV. Other HCWs may experience flulike symptoms or turn yellow. HCWs who are not immune to HBV have a 30 - 40% chance of being infected with HBV following an exposure.

If you are already immune to hepatitis B, there is no risk of infection. Immunity results from immunization with a hepatitis B vaccine or from an earlier infection. If a person becomes infected, it usually occurs within six months. HBV infection can be prevented in those not immune by treatment with a combination of passive (HBIG) and active (hepatitis B vaccine) immunization.

HCV is another viral infection that attacks the liver. HCWs who have sustained exposures to blood from anti-HCV positive patients have a 3.5% chance of being infected. No positive exposure treatment is available at this time.

The Centers for Disease Control and Prevention recommends that anti-viral drugs be recommended to exposed workers after occupational exposures associated with the highest risk for HIV transmission. The physician will make this determination by asking the HCW specific questions.

To protect yourself, please adhere to the following recommendations: Avoid exposure to blood or body fluids by wearing your personal protective gear. Take advantage of hepatitis B vaccination programs, and follow the recommendations of the physician.

MMWR, June 1996

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**ATTACHMENT B**



**BLOOD AND BODY FLUID EXPOSURE RECORD**

MM / DD / YY

PATIENT LABEL

HCW Social Security #: \_\_\_\_\_ Time & Date of Exposure: \_\_\_\_\_

**TYPE OF EXPOSURE (SELECT TYPE):** Completed by / Title: \_\_\_\_\_

- Sharps (select one):  
 Needlestick (hollow bore or solid tip)     Sharp Instrument     Other (specify): \_\_\_\_\_
- Splash (select one):  
 Skin (Intact, Nonintact)     Mucous Membrane (Eye(s), Mouth)     Other: \_\_\_\_\_
- Body Fluid Exposed To:  
 Blood     Urine     Sputum     Emesis     Other: \_\_\_\_\_

**PATIENT SOURCE:**  Unknown,  Known (COMPLETE INFO BELOW). Completed by / Title: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Location: \_\_\_\_\_ Occurrence Report Event #: \_\_\_\_\_

Source Serology Status:	Unknown	Negative	Positive
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HCW HISTORY/ASSESSMENT:**

Last Tetanus Vaccine:  > 10 years,  < 10 years,  Unknown,  If needed, Date Given: \_\_\_\_\_

Hepatitis B Vaccine:  No  Yes, Responder:  YES  NO  Unknown  
 Series not Completed, # of doses \_\_\_\_\_ Date \_\_\_\_\_

HIV Status:  Negative  Positive  Unknown Date Tested: \_\_\_\_\_

Is there a Chance the HCW is Pregnant?  No  Yes \_\_\_\_\_ Month  Unsure

HCW Allergies:  No  Yes If yes, List: \_\_\_\_\_

HCW Pertinent Medical History: \_\_\_\_\_

HCW Treatment:  Affected Area Scrubbed w/antimicrobial     Copious Water/Saline Flush  
 Sutures  Hepatitis B Vaccine dose \_\_\_\_\_  HBIG     No Treatment  
 HIV Prophylaxis  Other: \_\_\_\_\_

Exposure Risk Assessment:  No Risk  Low Risk  High Risk (see back of form)

Post Exposure HIV Prophylaxis (PEP) Recommended:  No  Yes

HCW to Receive HIV PEP:  No  Yes\* (\*ED notifies lab to add HCW tests per Protocol)

HIV PEP Ordered: (specify): \_\_\_\_\_

Notes: \_\_\_\_\_

\*\*\* FAX COMPLETED FORM TO THE FACILITY EMPLOYEE HEALTH CLINIC \*\*\*  
 FAX #'s: BHS/BMC: 297-0710 SLBH: 297-0504 MTBH: 297-0328 NCBH: 297-0404 NBH: 297-0204

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advanced Health Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_



WHITE: Emergency Department

YELLOW: Pharmacy

**BLOOD AND BODY FLUID  
EXPOSURE RECORD**

MM / DD / YY

PATIENT LABEL

Summary of CDC Recommendations for HIV Postexposure Prophylaxis (PEP) (Based on MMWR 50(RR11); 1-42 June 29, 2001)		
EXPOSURE	SOURCE <sup>1</sup>	REGIMEN <sup>2</sup>
Intact Skin	Lower or higher titer exposure	Not indicated
Mucous membrane or non-intact skin SMALL VOLUME (a few drops)	HIV Positive: Lower titer exposure HIV Positive: Higher titer exposure HIV Unknown, Source High Risk HIV Unknown, Source Low Risk	ZDV + 3TC Optional ZDV + 3TC ZDV + 3TC Optional Not indicated
Mucous membrane or non-intact skin LARGE VOLUME (major blood splash)	HIV Positive: Lower titer exposure HIV Positive: Higher titer exposure HIV Unknown, Source High Risk HIV Unknown, Source Low Risk	ZDV + 3TC ZDV + 3TC + NFV ZDV + 3TC Optional Not Indicated
Percutaneous - less severe (solid needle, superficial scratch)	HIV Positive: Lower titer exposure HIV Positive: Higher titer exposure HIV Unknown, Source High Risk HIV Unknown, Source Low Risk	ZDV + 3TC ZDV + 3TC + NFV ZDV + 3TC Optional Not Indicated
Percutaneous - more severe (large bore hollow needle, deep puncture, visible blood on device, needle used in artery or vein)	HIV Positive: Lower or higher titer exposure HIV Unknown, Source High Risk HIV Unknown, Source Low Risk	ZDV + 3TC + NFV ZDV + 3TC Optional Not Indicated
Any Percutaneous or Mucous Membrane Exposure	Unknown Source	ZDV + 3TC Optional if in high risk area for HIV positive patients
<p style="text-align: center;">*If HCW chooses to go on the PEP, baseline CBC and LFT tests need to be completed. For more information, contact the following - PEPline - National Clinicians' Post-Exposure Prophylaxis Hotline open 24/7 <b>1-888-448-4911</b></p> <p>1. Lower titer exposure example: asymptomatic and known low viral load. Higher titer exposure examples: advanced AIDS, primary HIV infection, high or increasing viral load</p> <p>2. ZDV = zidovudine 300 mg bid 3TC = lamivudine 150 mg bid (combined as Combivir 1 bid) NFV = nelfinavir = Viracept, 250 mg, 5 tablets bid</p>		
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**ATTACHMENT C**  
**BLOOD/BODY FLUID EXPOSURE PROTOCOL**  
**Management of Occupational Blood Exposures**

- 1. Provide immediate care to the exposure site.**
  - Wash wounds and skin with soap and water.
  - Flush mucous membranes with water.
  
- 2. Determine risk associated with exposure by**
  - Type of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus) and
  - Type of exposure (i.e., percutaneous injury, mucous membrane or nonintact skin exposure, and bites resulting in blood exposure).
  
- 3. Evaluate exposure source.**
  - Assess the risk of infection using available information.
  - Test known sources for HBsAg, anti-HCV, and HIV antibody (rapid testing & confirm).
  - For unknown sources, assess risk of exposure to HBV, HCV, or HIV infection.
  - Do not test discarded needles or syringes for virus contamination.
  
- 4. Evaluate the exposed person.**
  - Obtain baseline lab tests for HBSAB, anti-HCV and HIV.
  - Assess immune status for HBV infection (i.e., by history of hepatitis B vaccination and vaccine response).
  
- 5. Give PEP for exposures posing risk of infection transmission.**
  - HBV: See Table 3.
  - HCV: PEP not recommended.
  - HIV: See Table 4 and Table 5.
    - Initiate PEP as soon as possible, preferably within hours of exposure.
    - Offer pregnancy testing to all women of childbearing age not known to be pregnant.
    - Seek expert consultation if viral resistance is suspected.
    - Administer PEP for 4 weeks if tolerated.
  
- 6. Perform follow-up testing and provide counseling.**
  - Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.
  
- 7. HBV exposures**
  - Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine.
    - Test for anti-HBs 1--2 months after last dose of vaccine.
    - Anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous 3--4 months.
  
- 8. HCV exposures**
  - Perform baseline testing for anti-HCV after exposure. If positive, confirm active infection with reflexive HCV RNA testing.

- If initial anti-HCV testing is negative, perform HCV RNA at 3 weeks after exposure. If positive, refer for HCV treatment. If negative, no further testing is necessary.

**9. HIV exposures**

- Perform HIV-antibody testing for at least 6 months post exposure (e.g., at baseline, 6 weeks, 3 months, and 6 months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least 2 weeks.

ATTACHMENT D



Blood and Body Fluid Exposure Lab Order Form

SOURCE PATIENT LABEL

FAX COMPLETED FORM TO LAB FAX # \_\_\_\_\_ CONFIRM RECEIPT# \_\_\_\_\_
FAX COMPLETED FORM TO PATIENT SOURCE UNIT # \_\_\_\_\_ CONFIRM RECEIPT# \_\_\_\_\_
CONFIRM PATIENT SOURCE BLOOD DRAW AND IMMEDIATE DELIVERY TO LAB: \_\_\_\_\_

- Submit Accident/injury Report on BHS Intranet. Obtain Focus ID #: \_\_\_\_\_
(If unable to obtain Focus ID #, use date of event plus last 4 #s of SS# for patient source and HCW labels)
Circle one: UNKNOWN SOURCE / KNOWN SOURCE - Collect patient source information if known source.

Patient Name: \_\_\_\_\_ Sex: Male Female DOB: \_\_\_\_\_
Patient ACCT#: \_\_\_\_\_ Patient Location: \_\_\_\_\_

LAB ORDER - ( \*COLLECT GOLD TUBE X2, PURPLE TOP TUBE X1)

- HIV ANTIBODY (CONFIRM)
HBSAG (HEPATITIS B SURFACE ANTIGEN)
ANTI - HCV (HEPATITIS ANTIBODY)

\* Label source specimens with patient DOB and Focus ID SRC. Example: Focus ID #1412345SRC. DOB: 01/01/1970
Comments: \_\_\_\_\_

CALL HIV TEST RESULTS IMMEDIATELY TO EMPLOYEE HEALTH NURSE OR HOUSE OFFICE LISTED BELOW.
IF HIV POSITIVE/REACTIVE. NOTIFY THE ED MD ON DUTY IMMEDIATELY AND SEND EXPOSED HCW TO ED.

EXPOSED HEALTHCARE WORKER: \_\_\_\_\_
EMP. ID#/NAME/POSITION: \_\_\_\_\_
CONTACT NUMBER: \_\_\_\_\_
Sex: Male Female DOB: \_\_\_\_\_

LAB ORDER - ( \*COLLECT GOLD TOP TUBE X1, GREEN TOP TUBE X1, PURPLE TOP TUBE X1)

- HIV ANTIBODY (CONFIRM)
HBSAB (HEPATITIS B SURFACE ANITBODY)
ANTI - HCV (HEPATITIS C ANTIBODY)

\* Label Exposed HCW specimens with patient DOB and Focus ID HCW. Example: Focus ID #1412345HCW.DOB: 01/01/1970
Comments: \_\_\_\_\_

Baseline lab to be completed by Exposed HCW: Yes No

ORDERED BY: (PRINT NAME/TITLE) \_\_\_\_\_
SIGNATURE: \_\_\_\_\_

DATE/TIME ORDERED: \_\_\_\_\_ CONTACT#: \_\_\_\_\_